U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

F	or Official (150 Office
	NG19205
E	OLMS OF OT

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 484/	2. Fiscal Year Covered From:				
· · /	1 / 1 / 2004 Through: 12 / 31 / 2004				
3. Name and address of person filing.	4. Name, file number, and address of labor organization.				
Name Don Henle	Name Sheet Metal Workers AFL/CIO Local Union 263				
	Labor Organization File Number 023 - 962				
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any				
Street 2078 Round Grove Road	Street 1211 Wiley Blvd. SW-				
City Central City	City Cedar Rapids				
State Iowa ZIP Code + 4 52214	State Iowa ZIP Code + 4 52404-1320				
5. Position in labor organization. Union Trustee					
A. Held an interest in, engaged in transactions (including loans) with, or	clusions set forth in the instructions):  or derived income or other economic benefit of				
Enter appropriate data below if, during the past fiscal year, you or your sy (except as specified in the except as specified in t	clusions set forth in the instructions):  or derived income or other economic benefit of				
A. Held an interest in, engaged in transactions (including loans) with, of monetary value from an employer whose employees your organizations.	clusions set forth in the instructions):  or derived income or other economic benefit of				
A. Held an interest in, engaged in transactions (including loans) with, of monetary value from an employer whose employees your organizations.	clusions set forth in the instructions):  or derived income or other economic benefit of  ation represents or is actively seeking to represent.				
A. Held an interest in, engaged in transactions (including loans) with, of monetary value from an employer whose employees your organizate.  Name and address of Employer (including trade name, if any).	or derived income or other economic benefit of attion represents or is actively seeking to represent.				
A. Held an interest in, engaged in transactions (including loans) with, of monetary value from an employer whose employees your organizate.  Name and address of Employer (including trade name, if any).  Name	or derived income or other economic benefit of ation represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.				
A. Held an interest in, engaged in transactions (including loans) with, of monetary value from an employer whose employees your organizate.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:	clusions set forth in the instructions):  or derived income or other economic benefit of  ation represents or is actively seeking to represent.				
A. Held an interest in, engaged in transactions (including loans) with, of monetary value from an employer whose employees your organizate.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	or derived income or other economic benefit of ation represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.				
A. Held an interest in, engaged in transactions (including loans) with, of monetary value from an employer whose employees your organization. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	or derived income or other economic benefit of ation represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.				
A. Held an interest in, engaged in transactions (including loans) with, of monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4  Information on this form is my best page.	clusions set forth in the instructions):  or derived income or other economic benefit of atton represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.				
A. Held an interest in, engaged in transactions (including loans) with, of monetary value from an employer whose employees your organization. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4  Information on this form is my best pages.  Information on this form is my best pages.	resent recollection.  Tesent recollection.  grature  of Perjury and other applicable penalties of the law, that all of the information anying documents), has been examined by the signatory and is, to the best of the				

Name of Person Filing Do Henle		File Number U-			
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or included ing with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or lirectly to, or otherwise	s			
Name and address of Business (including trade name, if any).	9. Business deals with:				
Name	ny ara-desirana da				
Trade Name, if any:	a. Labor Organization				
P.O. Box, Bldg., Room No., if any	b. Trust				
Street	**************************************				
Сну		1			
State ZIP Code + 4					
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deali	ng.			
	1. See schedule f	rom Form LM-10 - Part B attached.			
Name Sheet Metal Workers Local Union  Trade Name, if any: No. 263 Health and Welfare Plan	Union Trustee on Joint Board of Trustees which administers Plan.				
P.O. Box, Bldg., Room No., if any					
Street 1211 Wiley Blvd. SW	manabar (*) 11. menesystébb), limmanandrébb), 1. limmanardré :				
ANALY AND THE REAL OF THE ANALYSIS OF THE ANAL	11.b. Approximate dollar value of such dealing.				
City Cedar Rapids	12.a. Nature of interest held				
State Iowa ZIP Code + 4 52404	1. See schedule f	rom Form LM-10 - Part B attached.			
	A STATE OF THE STA				
	as comments and a second and a				
	**************************************				
<u> </u>	12,b. Amount.	\$1,139			
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money					
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	A A Community Co			
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any		· · · · · · · · · · · · · · · · · · ·			
Street					
City					
Production Comments C					
State ZIP Code + 4	A A A A A A A A A A A A A A A A A A A				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	\$\$\$\$\$\$. *******************************			

Name of Person Filing Do! Henle	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or ind dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or firectly to, or otherwise			
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name				
Trade Name, if any:	a. Labor Organization  b. Trust			
P.O. Box, Bldg., Room No., if any	Section 1. The sectio			
Street	c. Employer			
City				
State ZIP Code + 4				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name Sheet Metal Workers Local Union Savings Plan	Expense reimbursement (cash) for expenses incurred in attending Trustee eductional conference, San Diego, California 1/27/04. Mr. Henle is a Union			
Trade Name, if any:	Trustee on the Joint Board of Trustees which administers the Plan.			
P.O. Box, Bldg., Room No., if any				
Street 1211 Wiley Blvd. SW	11.b. Approximate dollar value of such dealing. \$716			
City Cedar Rapids	12.a. Nature of interest held or income received.			
State Iowa ZIP Code + 4 52404				
	20 Market 19 (27 (17) Market 19 (17)			
	12.b. Amount.			
C. Received from any employer (other than an employer covered undo or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				
State ZIP Code + 4	Villa de la constanta de la co			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			

Name of Reporting Employer: Sheet	on No. 263 File Number						
Check Item Number (from Page 2) to which this Part B applies	ITEM 8.a ⊠	ITEM 8.b □	ITEM 8.c	ITEM 8.d	ITEM 8.e	ITEM 8.f	
			B = B = 1 ( - 1 - 1 - 1 )				
9.a. Agreement Payment Both			9.c. Position in labor organization or with employer (if an independent labor consultant, so state).  Job Site Union Sheet Metal Worker				
9 b. Name and address of person with	whom or through	whom a	9.d. Name and address of firm or labor organization with whom				
9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.			employed or affiliated.				
Name Don Hen	le .	·····	Organization				
According to the second	**************************************		A. A	rineering, Inc	**		
						**************************************	
P.O. Box, Building and Room Number, if a	ınv	-	P.O. Box. Buildin	g and Room Number	r. if anv		
The second secon			P.O. B			· · · · · · · · · · · · · · · · · · ·	
Street 2078 Round Grove Road			Street 883 Sh	aver Rd NE		and the second of the second o	
City Central City	recommendation of the second o	, service secondarios	Cily Cedar	Rapids	VA / 100 VA VA 100 VA	de een deengleinige en gegeneer dee	
State Icwa	ZIP Code + 4	52214	State Iowa ZiP Code + 4 52402-4507				
10.a. Date of the promise, agreement, of which payments or expenditures were as a second control of the cont	- ,	J	10.b. The promise, ac	greement, or arrangem	en! was:		
				Written*	☐ Both		
None	A.A		("Written agreements entered into during the fiscal year must be attached.)				
	1		<del></del>				
11.a. Date of each payment or expenditure ( mm/dd/yyyy ).	11.b. Amount of expend	of each payment diture	11.c. Kind of each payment or	n payment or exper loan, and whether	nditure (Specify when in cash or propert)	ether /)	
02/04/2004		210	Payment - Ca	ish	77 and 47 and 400 and		
11/03/2004	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	211	Payment - Cash				
01/27/2004		717	Payment - Cash				
San A FIRM 1.7 managementation of the contraction o	***************************************	The state of the s	The state of the s				
Section 1.	Company of the Compan			The state of the s			
The control of the co		g to all the transfer of the t		nn mandalaman an an Al-Al-XV - V V Maranda an ann an ann an ann an an an Al-Al-XV - V V Maranda an an an Al-XV	ne antimo anno 1966 - 1 a 185, 2 a 185, 3 a na a marino de morar e antimo antimo antimo antimo antimo antimo a	Market Committee At 1992 11 VI 11 11 11 11 11 11 11 11 11 11 11 11 11	
12. Explain fully the circumstances of all payme	nts, including the ter	ms of any oral agreen	nent or understanding:	oursuant to which they	were made.		
Lost time and conference ex				and the second s		****	
	F 0.12					,	
:							
:							
:							
:							